

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATIONTRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL1. TRANSMITTAL NUMBER:  
02-0082. STATE  
Arizona

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
January 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42-CFR 435.726, 435.733, 435.832 and  
Sections 1924 & 1917 of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY \$ 0.  
b. FFY \$ 0.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Pg 4a  
Supp 1 to Attachment 2.6 A, Pg 1b  
Supp 12a to Attachment 2.6, A, Pg 1  
Supp 13 to Attachment 2.6A, Pg 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Changes due to the increase in the Federal Benefit Rate

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME

Lynn Dunton:

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

16. RETURN TO:

Lynn Dunton  
Mail Drop 4200  
801 East Jefferson  
Phoenix, Arizona 85034

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 13, 2002

18. DATE APPROVED:

January 22, 2003

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

Jane Dee Hull  
GovernorPhyllis Biedess  
Director**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM**  
*Committed to Excellence In Health Care*

November 8, 2002

Linda Minamoto  
Associate Regional Administrator  
Division of Medicaid  
Health Care Financing Administration  
75 Hawthorne Street, 5th Floor  
San Francisco, California 94105

Dear Ms. Minamoto:

Enclosed is State Plan Amendment (SPA) 02-008, effective January 1, 2003, which updates the following amounts relating to the increase in the FBR.

- Increases the Personal Needs Allowance (PNA) to \$82.80.
- Increases the Federal Benefit Rate (FBR) as follows;
  1. Individual \$552
  2. Couples \$829
  3. 300% FBR \$1,656.
- Increases the Minimum Community Spouse Resource Deduction (CSRSD) based on the Consumer Price Index to \$18,132.

If you have any questions about the enclosed SPA, please contact me at (602) 417-4447.

Sincerely,

Lynn Dunton  
Assistant Director  
Office of Policy Analysis and Coordination

Enclosure

State: ARIZONA

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Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of Not Less Than \$30 For Individuals and \$60 For Couples. For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>82.80</u> Couples \$ <u>*</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>82.80</u> Adults \$ <u>82.80</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A</u>. \$ <u>82.80</u></p>

\* In Arizona, all applicants are treated as individuals. If two individuals are married, each would receive a Personal Needs Allowance of \$82.80.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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3. Supplemental Security Income:

Individual Federal Benefit Rate:	\$ 552
Couple Federal Benefit Rate:	\$ 829
300% Individual Federal Benefit Rate:	\$ 1,656

Revision: HCFA-PM-97-2  
December 1997

SUPPLEMENT 12a TO ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-0673

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VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Individuals who have received institutional services less than 30 days: \$1,656 (allowed by waiver)

Individuals receiving HCBS: \$1,656 (as allowed by 42 CFR 435.726 and the 1115 waiver which allows the State to provide HCBS to individuals whose income does not exceed 300% of SSI.)

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TN No. 02-008  
Supersedes  
TN No. 01-016

Approval Date JAN 22 2003

Effective Date January 1, 2003

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

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## SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924, except for those provisions set forth in Supplement 14 to Attachment 2.6A.
- B. In the determination of resource eligibility the State minimum resource deduction is \$18,132, subject to change in accordance with federal law.
- C. An institutionalized spouse who (or whose community spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per Section 1924(c)(3)(C), where the State determines that denial of eligibility on the basis of having excess resources would work an undue hardship.